

Date: 04/22/10

# Web Announcement 329

## Reminders for Provider Types 12, 17, 20, 24, 28, 43 and 77 Regarding Ordering Out of State Laboratory Services

It has come to the attention of the Division of Health Care Financing and Policy (DHCFP) that some providers are ordering laboratory services from a laboratory that is out of state.

Nevada Medicaid may not reimburse for services provided out of state when those same services are available in state. Please review Nevada Medicaid's policy statement regarding out of state provider enrollment in [Medicaid Services Manual \(MSM\) Chapter 100](#), Section 102.2, which states the following:

“Out of state providers requesting enrollment to provide ongoing services to Nevada Medicaid recipients outside of the state of Nevada must meet one of the following criteria:

- 1 The provider is providing a service which is not readily available within the state;
- 2 The provider is providing services to Medicaid recipients in a catchment (border) area; or
- 3 The provider is providing services to Medicare cross over recipients only.”

Prior Authorization (PA) Requirements: [MSM Chapter 800 \(Laboratory\)](#), Section 803.1C specifies that **the ordering physicians must always obtain prior authorization** in the following situations:

- 1 “Genotype **and** phenotype assay testing for recipients with chronic HIV infection prior to initiation of highly active antiretroviral therapy; and
- 2 Laboratory tests referred by a physician office laboratory directly to an out of state laboratory.”

See the [Billing Guidelines for Provider Types 20, 24 and 77](#) for PA options.

If you have any further questions, please do not hesitate to contact either Marti Coté in Physician Services at [mcote@dncfp.nv.gov](mailto:mcote@dncfp.nv.gov) or Renee Necas in Laboratory Services at [rnecas@dncfp.nv.gov](mailto:rnecas@dncfp.nv.gov).